

Entered - 09/24/99 - sb  
CL99L0602 - DIANNE C. MITCHELL

01-*R*-0010

CLAIM OF: **DENISE WILDER,**  
through her attorney,  
**Kenneth S. Nugent**  
**1355 Peachtree Street**  
**Suite 1000**  
**Atlanta, Georgia 30309**

For damages alleged to have been sustained as a result of a vehicular accident on June 23, 1999 at 1282 Lucile Avenue, SW.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **DENISE WILDER, through her attorney, Kenneth S. Nugent** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on June 23, 1999 at 1282 Lucile Avenue, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: 

ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0602

Date: December 28, 2000

Claimant /Victim DENISE WILDER  
BY: (Atty) Kenneth S. Nugent  
Address: 1355 Peachtree Street, Suite 1000, Atlanta, Georgia 30309  
Subrogation: Claim for Property damage \$ Bodily Injury \$ 16,000.00  
Date of Notice: 09/22/00 Method: Written, proper X Improper         
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 06/23/00 Place: 1282 Lucile Avenue, SW  
Department: Police Division:         
Employee involved Michael Hagar Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle backed into the vehicle the claimant was operating and caused her to be injured in the above amount.

**INVESTIGATION:**

Statements: City employee        Claimant        Others        Written        Oral         
Pictures        Diagrams        Reports: Police X Dept Report        Other         
Traffic citations issued: City Driver        Claimant Driver         
Citation disposition: City Driver        Claimant Driver       

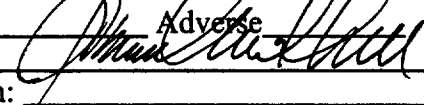
**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial         
Improper Notice        More than Six Months        Other        Damages reasonable         
City not involved        Offer rejected        Compromise settlement X  
Repair/replacement by Ins. Co.        Repair/replacement by City Forces         
Claimant Negligent        City Negligent X Joint        Claim Abandoned       

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

**RECOMMENDATION:**

Pay \$ 1,000.00  Adverse        Account charged: 1A01 X 2J01        2H01         
Claims Manager:        Concur/date 12-28-00  
Committee Action:        Council Action

**KENNETH S. NUGENT, P.C.**  
**ATTORNEYS AT LAW**

1355 PEACHTREE STREET  
THE PEACHTREE, SUITE 1000  
ATLANTA, GEORGIA 30309  
(404) 875-0900  
FAX (404) 872-7562

KENNETH S. NUGENT  
JOHN T. RUFF  
WILLIAM D. HOLMAN \*  
JOHN C. FORBES, JR.  
MICHAEL R. KRAMER  
RUSSELL T. DEUTSCHMAN  
ADAM W. DEEVER  
JOHNNIE C. WAGES  
TERI D. PODUVAL  
BARBARA L. BARNETT ♦  
WENDY A. HEANEY  
M. BRIAN CLEMENTS

**ENTERED - 9-24-99 - SB**  
**99L0602 - DIANNE MITCHELL**

September 15, 1999

OFFICES  
THROUGHOUT  
GEORGIA

\* ALSO ADMITTED IN TENNESSEE  
♦ ADMITTED IN ALABAMA

*Mitchell*  
*09/22/99*  
*[Signature]*

Ms. Diane Mitchell  
City of Atlanta  
Ste. 4100, City Hall Tower  
68 Mitchell St., S.W.  
Atlanta, GA 30335-0332

RE: Our Client : Denise Wilder  
Insured: : City of Atlanta  
Date of Accident : 6/23/1999  
Our File Number : 214674

Dear Ms. Mitchell:

As you know I represent Denise Wilder for personal injuries sustained in the above referenced accident. Ms. Wilder has completed her medical treatment and is prepared to discuss settlement of her claim at this time.

Enclosed, please find the following medical expenses:

Grady EMS	6/23/1999 - 6/23/1999	\$ 305.00
Atlanta Medical Center	6/23/1999 - 6/23/1999	\$ 274.20
Dr. William Hovis	6/25/1999 - 8/11/1999	\$ 2,533.00

**TOTAL MEDICALS** **\$ 3112.20**

Ms. Wilder sustained the following injuries: Cervical Sprain/Strain and Lumbar Sprain/Strain. To aid in your evaluation of this claim, I have enclosed medical bills, records and office notes from the treating physicians.

I am authorized to submit a demand to settle the claim of Denise Wilder in the amount of \$16,000.00.

01-*R*-0010

Ms. Diane Mitchell  
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I look forward to hearing from you soon to discuss settlement of this claim.

Sincerely,

Kenneth S. Nugent, Esq.

KSN/ddj  
Enclosures